## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # \$71412** 

CREEKSIDE GOLF CLUB, INC.	
Principal Place of Business	Mailing A
5555 ESPERANTO DRIVE PENSACOLA FL 32526-2202	5555 ESPE PENSACOL
 2. Principal Place of Business	2a. Mailin
Suite, Apt. #, etc.	CREE

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90144 016 \*\*\*150.00



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Principal Place	e of Business		Mailing Ad	dress							
5555 ESPERANTO DRIVE			5555 ESPERANTO DRIVE								
PENSACOLA FL 32526-2202			PENSACOLA FL 32526-2202					- [	DO NOT WRITE IN THIS SPACE		
						<u> </u>	3. Date Incorporated or Qualifed				
									07/30/1991	-	
2. Principal P	lace of Business	<del> j</del>	2a. Mailing	Address					4 FEI Number Applied For	7	
24		•	26		= /	~i l	IR IN	C.	<b>59-3080860</b> Not Applicable	1	
Suite, Apt.	#, etc.	IIR INC	Switz	FORDE G	OLF !	اساس احد -	0 <del>12, :</del>		\$8.75 Additional	٦	
22 6055		00,	2/CHEE	SPERAL	ι Οτν	DK	IAE		5. Certificate of Status Desired Fee Required		
City & Stat	KSIDE GOLF OF ESPERANTO DE ACOLA, FL 325 25	HAE	5555%	State	E1 3	25	26-22 <del>0</del>	Z	6. Election Campaign Financing \$5.00 May Be		
<sub>23</sub> 5555	ESPERIMENT 325	26-2204	28 PENS	ACOLA			_		Trust Fund Contribution Added to Fees	_	
ZIPENS	ACULAS Country		Zip		Cou	intry			8. This corporation owes the current year Intarigible	ł	
24	25	[	29		30				Personal Property Tax.	_	
	9. Name and Address	of Current R	egistered A	gent		Ļ.,			10. Name and Address of New Registered Agent	_}	
	NED DIFFORE D					81	Name		•		
	RIER, PIÈRRE D.					82	Street Ad	ddres	ess (P.O. Box Number is Not Acceptable)	7	
	JAROD DRIVE									4	
CAN	TONMENT FL 32533					83					
						84	City		85 Zip Code 75	٦_	
						"	City		FL   ST   FL   FL   FL   FL   FL   FL   FL   F		
11. Pursuant	to the provisions of Section	s 607.0502 a	nd 607.1508	, Florida Statut	es, the a	bove	e-named co	orpora	oration submits this statement for the purpose of changing its registered		
office or r	egistered agent, or both, in	the State of F the obligation	Florida, Such is of Section	change was a 607 0505. Eld	iuthorizei irida Stat	a by <del>bles</del>	the corpor	ation	on's board of directors. I hereby accept the appointment as registered		
	12			- Okan		2(	lem		meldent 4-15-14		
SIGNATURE	Signature, typed or printed name of n	egistered agent ar	title if applicable	. MOT	: Registered	J Agen	і і Біплакого төр	धास्य क्र	owner(reinstating) OATE	<u>وَ</u> إ	
12.	OFF	CERS AND	HRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- 5	
TITLE	P			☐ DELETE	1.1 ∏	ΠE	}		Change — Additio	4-5	
NAME	TERRIER, PIERRE D.	_			1.2 N	AME				2	
STREET ADDRESS	2355 W. MICHIGAN A	/ <b>L</b> .			1.3 \$	TREET	ADDRESS			ļ	
CITY-ST-ZIP	PENSACOLA FL				_	ITY-S	T-ZIP		. Change Additio	-J 6	
TITLE	TS			☐ DELETE	2.1 1		1		☐ Change ☐ Additio	"  `	
NAME	BARBARA S WALKER		4		_ 22 N	AME			ا → ان الرحمة المحمد ا	-	
STREET ADDRESS		IS DRIVE			2.3 S	TREET	TADORESS		,	-	
CITY-ST-ZIP	PENSACOLA FL				_	CITY-S	ST-ZIP		Change Addition	_	
TITLE				☐ DELETE	3.1 T		}		☐ Change ☐ Addition	"	
NAME					3.2 N						
STREET ADDRESS			•		3.3 \$	TREET	TADDRESS				
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NAME					4.21	NAME				1	
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CITY-ST-ZIP			·		_	ITY-S	T-ZIP				
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CITY-ST-ZIP						TTY-S'	T-ZIP		DAL DAJES	_	
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STREET ADDRESS	}				6.3 S	TREET	TADDRESS				
CITY-ST-ZIP					6.4 C	TY-S	7-ZIP		2-time 440 07/2V/IV Elevido Stetutoo I further andify that the information		
										,	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: